

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058432

FILED
Apr 22, 2008
Secretary of State

Entity Name: EOLA WINE COMPANY FRANCHISING LLC

Current Principal Place of Business:

500 E. CENTRAL BLVD.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

500 E. CENTRAL BLVD.
ORLANDO, FL 32801

New Mailing Address:

1335 SWEETBRIAR RD.
ORLANDO, FL 32806

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMSON, PAUL
8019 N HIMES AVE STE 503
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

SCHROPE, SCOTT W
2424 CHELSEA ST.
ORLANDO, FL 32806 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SCOTT SCHROPE

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EQUITY BRANDS LLC,
Address: 8019 N HIMES AVE STE 503
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: PLAN B ENTERPRISES L, LC
Address: 500 E. CENTRAL BLVD.
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHROPE, SCOTT W
Address: 2424 CHELSEA ST.
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Change () Addition
Name: SCHROPE, WILLIAM R
Address: 1335 SWEETBRIAR RD.
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SCOTT SCHROPE

MGRM

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date